	Ur	nder the Paperwo	rk Reduction Act o	f 1995 no	o persons are requ	ired to respond t	U.S. Patent an	d Trademark Office	ce; U.S. [	ough 7/31/2006, C DEPARTMENT O	F COMMERCE	
		PAT	ss it displays a valid OMB control number.  Application or Docket Number									
	APPLICATION AS FILED PART I (Column 1) (Column 2) SMALL ENTITY								OR	OTHER THAN SMALL ENTITY		
		FOR	NUMB	NUMBER FILED		NUMBER EXTRA		FEE (\$)		RATE (\$)	FEE (\$)	
	(37 (	SIC FEE CFR 1.16(a), (b), or ARCH FEE	(c))					345	4		1140	
	(37 (	CFR 1.16(k), (i), or ( MINATION FEE									ļ	
	(37 (	CFR 1.16(o), (p), or							ļ	- P-		
	(37	CFR 1.18(i))	"10	minus 20 =			×25	=	OR	<u>×50 =</u>		
		EPENDENT CLA CFR 1.16(h))		minus 3 =		1.		)		<u>x9000</u>		
strange (programs of the same	FEE	PLICATION SIZE E CFR 1.16(s))	sheets of is \$250 (additional	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets for traction the \$250 (\$1.5 (\$1.6 (\$))).				osis tissus ties tir	ा अञ्च	Herrish Carrier	Bright die er er er	
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									360		
	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL			TOTAL		
	APPLICATION AS AMENDED - PART II  9/15/05 (Column 1) (Column 2) (Column 3) SMALL ENTITY  OR OTHER THAN SMALL ENTITY											
	NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	AMENDMENT	Total (37 CFR 1.16())	. //	Minus	<u></u> 20	=	× <u>∂5</u>	=	OR	×50=		
		Independent (37 CFR 1.16(h))	<u> </u>	Minus	<sup></sup> 3	=	×100	<u>.</u>	OR	<u> 300-</u>		
	AM	Application Size	e Fee (37 CFR 1.1			100	•					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR	360		
	TOTAL ADD'L FEE OR ADD'L FEE											
			(Column 1)		(Column 2) HIGHEST	(Column 3)			1 :			
	ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
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,	AME	Application Size Fee (37 CFR 1.16(s))					\ <u>\</u>			0(1		
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))							OR	360	·	
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	*	" If the "Highest h " If the "Highest N	olumn 1 is less that Number Previously Iumber Previously Iumber Previously P	Paid For	IN THIS SPACE	is less than 20, e s less than 3, en	enter "20". ter "3"	in the appropriate	e box in c	column 1.		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

03-1-529

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER SMALL E			
TOTAL CLAIMS			1/					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
	TAL CHARGEA	BLE CLAIMS	// mini	us 20=	. /			X\$ 9=		OR	X\$18=	
├	EPENDENT CL			nus 3 =	•			X43=		OR	X86=	
								145			+290=	
MULTIPLE DEPENDENT, CLAIM PRESENT						+145=		OR OR	TOTAL	770		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL			OTHER	4	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)					<b>)</b>	SMALL E	ENTITY	OR	SMALL			
(Column 1)				HIGH	EST		1		ADDI-			ADDI-
T A		REMAINING AFTER		PREVI	IBER OUSLY FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
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m		REMAINING AFTER		NU	MBER	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					ا	1	<b>-</b>					
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+145=	ļ.,	OR	TOTA	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20. ADDIT. FEE									E <b>L</b>			
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												